



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/31  
Approved for use through 10/31/2002, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

|  |  |  |                             |
|--|--|--|-----------------------------|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>   |  | <b>Docket Number (Optional)</b><br>5-00    |                             |
| <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to "Commissioner for Patents, Washington D.C. 20231" on November 27, 2002.</p> <p>Signature <u>B Kroge</u></p> <p>Typed or printed name: <b>B. Kroge</b></p> <p>Express Mail Receipt No. EV 182 438 717 US</p>  |  | In re Application of<br><b>Nair et al.</b> |                             |
|  |  | Application Number<br><b>09/463,082</b>    | Filed<br><b>7/10/00</b>     |
|  |  | For Method for Detection of Fibrin Clots   |                             |
|  |  | Group Art Unit<br><b>1617</b>              | Examiner<br><b>L. Wells</b> |
| <p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <b>\$ 320.00</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-1969. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> |  |  |                             |

#15  
AKO  
12/10/02

12/03/2002 AMONDAF1 00000061 09463082

02 FC:1401

320.00 OP